
MINOR SURGICAL
PROCEDURES FOR

Nurses and Allied Healthcare Professionals

Edited by

SHIRLEY MARTIN



John Wiley & Sons, Ltd

MINOR SURGICAL PROCEDURES FOR

Nurses and Allied Healthcare Professionals

MINOR SURGICAL
PROCEDURES FOR

Nurses and Allied Healthcare Professionals

Edited by

SHIRLEY MARTIN



John Wiley & Sons, Ltd

Copyright © 2007 John Wiley & Sons Ltd
The Atrium, Southern Gate, Chichester,
West Sussex PO19 8SQ, England
Telephone (+44) 1243 779777

Chapter 1: Microsoft ClipArt © 2007. Microsoft Corporation

Email (for orders and customer service enquiries): cs-books@wiley.co.uk

Visit our Home Page on www.wiley.com

All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning or otherwise, except under the terms of the Copyright, Designs and Patents Act 1988 or under the terms of a licence issued by the Copyright Licensing Agency Ltd, 90 Tottenham Court Road, London W1T 4LP, UK, without the permission in writing of the Publisher. Requests to the Publisher should be addressed to the Permissions Department, John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex PO19 8SQ, England, or emailed to permreq@wiley.co.uk or faxed to (+44) 1243 770620.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The Publisher is not associated with any product or vendor mentioned in this book.

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold on the understanding that the Publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

Other Wiley Editorial Offices

John Wiley & Sons Inc., 111 River Street, Hoboken, NJ 07030, USA

Jossey-Bass, 989 Market Street, San Francisco, CA 94103-1741, USA

Wiley-VCH Verlag GmbH, Boschstr. 12, D-69469 Weinheim, Germany

John Wiley & Sons Australia Ltd, 42 McDougall Street, Milton, Queensland 4064, Australia

John Wiley & Sons (Asia) Pte Ltd, 2 Clementi Loop #02-01, Jin Xing Distripark, Singapore 129809

John Wiley & Sons Canada Ltd, 6045 Freemont Blvd, Mississauga, ONT, L5R 4J3.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Anniversary Logo Design: Richard J. Pacifico

Library of Congress Cataloging-in-Publication Data

Minor surgical procedures for nurses and allied healthcare professionals / edited by Shirley Martin.

p. : cm.

Includes bibliographical references and index.

ISBN-13: 978-0-470-01990-0 (pbk. : alk. paper)

ISBN-10: 0-470-01990-5 (pbk. : alk. paper)

1. Minor surgery. 2. Preoperative care. 3. Postoperative care.

Martin, Shirley (Shirley Y.)

[DNLM: 1. Surgical Procedures, Minor—methods. 2. Perioperative Care—methods. 3. Preoperative Care—methods. WO 192 M666 2007]

RD111.M56 2007

617'.024—dc22

2006030742

A catalogue record for this book is available from the British Library

ISBN 13: 978-0-470-01990-0

Typeset in 10/12pt Times by SNP Best-set Typesetter Ltd., Hong Kong

Printed and bound in Great Britain by TJ International Ltd, Padstow, Cornwall

This book is printed on acid-free paper responsibly manufactured from sustainable forestry in which at least two trees are planted for each one used for paper production.

Contents

List of Contributors vii

Preface ix

Acknowledgements xi

Introduction xiii

Part One

Elementary Requirements

1. Starting Out: The Wider Picture 3

Shirley Martin

2. Modernisation: Role Redesign to Optimise Patient Outcomes 15

John Beesley

3. Training and Education 27

Barry Paraskeva

4. Nurse Prescribing 33

Ann Clarridge

5. Medico-Legal Aspects of Non-Medical Practitioner Roles 41

Verity Danziger

Part Two

Information Giving and Documentation

6. Communication Skills for Minor Surgery 55

Debra Nestel

7. Preoperative Assessment 77

Anurag Patel and Sanjay Purkayastha

8. Perioperative Management: Consent and Follow-up 85

Jennifer Simpson

9. Documentation 107

Anurag Patel and Sanjay Purkayastha

Part Three
Clinical Practices

- 10. Maintaining Asepsis: Preventing Infection of the Surgical Site** 113
Christine McDougall
- 11. The Theatre Environment and Equipment** 131
Parvinderpal Sains
- 12. Recognising Skin Lesions** 137
Julia Schofield
- 13. Basic Anatomy and Techniques of Excising Skin Lesions** 149
Gregory Thomas and Sanjay Purkayastha. (Illustrations
Olivia Thomas)
- 14. Local Anaesthesia for Minor Operative Procedures** 161
David Lomax and Kausi Rao
- 15. Operative Techniques for Minor Surgical Procedures** 173
Rajesh Aggarwal
- 16. Haemostasis and Cautery for Minor Procedures** 181
Parvinderpal Sains
- 17. Future Prospects** 187
Shirley Martin
- Glossary and Role Definitions** 189
- Index** 193

List of Contributors

Rajesh Aggarwal, MA MRCS

*Clinical Research Fellow, Department of Surgical Oncology & Technology,
Imperial College, London*

John Beesley, RGN LLM (Healthcare Law) BA (Hons)

Independent Perioperative Healthcare Consultant

Ann Clarridge, MSc BSc (Hons) Dip Th PGCEA RN DN

Principal Lecturer, London South Bank University

Verity Dansiger

Senior Solicitor, Capsticks, London

David Lomax, MBBS FRCA

Consultant Anaesthetist, St Mary's NHS Trust, London

Shirley Martin, RGN BSc (Hons)

*Surgical Care Practitioner and Robotics Specialist Nurse, St Mary's NHS
Trust, London*

Christine McDougall RGN, Dip.Infection Control

*Surveillance Manager, Surgical Site Infection Surveillance Service, Health
Protection Agency*

Debra Nestel BA PhD

*Senior Lecturer in Communication, Department of Biosurgery and Surgical
Technology, Imperial College, London*

Barry Paraskeva PhD FRCS

*Senior Lecturer and Consultant Surgeon, Imperial College and St Mary's
Hospital, London*

Anurag Patel BSc MRCS

Senior House Officer, ENT, Charing Cross Hospital, London

Sanjay Purkayastha

*Clinical Research Fellow, Department of Surgical Oncology & Technology,
Imperial College, London*

Kausi Rao MBBS

Consultant Anaesthetist, Northwick Park Hospital, Harrow

Parvinderpal Sains MBChB MRCS

*Specialist Registrar in General Surgery, Honorary Clinical Research Fellow,
Imperial College and St Mary's Hospital, London*

Julia Schofield MRCGP FRCP

Consultant Dermatologist, West Hertfordshire Hospitals NHS Trust

Jennifer Simpson RGN BSc (Hons)

*Senior Surgical Care Practitioner, Department of Surgery, City Hospital,
Birmingham*

Gregory Thomas MBBS BSc

Senior House Officer in Surgery, St Mary's Hospital, London

Preface

This book is intended to provide nurses and allied healthcare professionals with the underlying theory, knowledge and skills they need to undertake minor surgical procedures. It is very much hoped that it will provide a helpful guide to those who have a specific interest in minor surgery.

Professor Sir Ara Darzi, KBE HonFREng FMedSci

Acknowledgements

The editor would like to thank the many contributors who willingly dedicated their busy time and committed to produce this book.

The editor would also like to extend her sincere thanks to Professor Sir Ara Darzi and the many other team members within the Academic Surgical Unit at Imperial College who gave support and encouragement which has helped to inspire the ideas presented in this book.

Finally I would like to thank my lovely family for their unwavering loyalty and continuing encouragement throughout this 'long winded' process.

Introduction

In recent years nursing has developed as a significant professional practice in its own right. This book has been written with the intention of providing nurses and allied healthcare professionals with a comprehensive guide that can be used as a reliable reference when performing minor surgical procedures. These encompass a range of benign and suspicious skin conditions which require simple surgical intervention.

This book will take the reader through a series of logical steps, highlighting significant issues and the principal limitations in practice. It has been primarily edited by an experienced practitioner with wide knowledge of the role of the non-medical practitioner in minor surgery. Various multidisciplinary professionals, including a consultant surgeon, anaesthetist, junior doctor, barrister, and an infection control nurse have contributed chapters, in addition to which assistance has been provided by many other experts.

Chapters within the book stand alone, enabling the reader to examine specific issues, for example the medico-legal implications involved in expanded roles for non-medical healthcare practitioners. The text is enhanced by illustrations, and a glossary is provided explaining the terminology used throughout.

Part One

Elementary Requirements

1 Starting Out: The Wider Picture

SHIRLEY MARTIN

Over the past decade the quality of differential care to patients has been transformed within the National Health Service (NHS) and primary healthcare settings. This process has led to the evolution of new roles for non-medically qualified practitioners working in a variety of specialist areas, and these new roles have created a myriad of clinical responsibilities. In addition, recent changes in medical manpower have resulted in the reduction of junior doctors' hours with specific shortages in many surgical specialties (The New Deal 1991; Calman 1993; Reilly et al. 1996; Working Time Directive 2004).

This chapter is intended to guide advanced specialist healthcare practitioners, such as Surgical Care Practitioners (SCPs) who are planning to undertake simple minor surgical procedures in a clinical setting. Whether the practitioner is considering the role for the first time or not, taking the first step may seem precarious; accompanied by many emotions, including apprehension and fear. This chapter will also focus on simplifying that transitional process, by acquainting practitioners with an overview of the many challenges likely to be faced, and will explore some of those simple but important questions which are likely to be encountered along the way.

Many practitioners today have been employed in senior roles comparable to that of a junior doctor and answerable to the consultant surgeon. However, many in this new field may not have perceived the hurdles that are likely to be encountered.

Firstly, it is essential that the practitioner questions how they might adjust to their transitional role and prepare for the many responsibilities that lie ahead. These questions should take place prior to, during and following the interview process. Subsequently it is important to look at how the role might be perceived and accepted by other medical trainees and patients, including nursing colleagues and multidisciplinary teams, as this could present many unexpected dilemmas, not considered prior to the appointment.

One of the most fundamental objectives is to highlight clearly how the practitioner will be clinically supported throughout their development, as this can be a long and tedious process involving many long hours of relentless work; which may often be accompanied by setbacks, and frustration. Strange

as it may seem, these uncertainties arise time and time again. Unpublished reports suggest that many practitioners have yet to have their problems resolved even after a considerable amount of time spent in post.

Take a few minutes to examine the following questions.

- Will the practitioner use creativity to attain their goal?
- Will he or she survive the transition?
- Can he or she identify potential errors and thus improve potential for future achievements?

PRACTICAL STEPS TO LOCAL IMPLEMENTATION

- Consultant and management identify the specific needs of a training plan and clinical exposure within the organisation.
- Involve clinical governance to assure the quality of clinical services.
- Identify ongoing team development, clinical supervision, and mentorship by the clinician.
- Identify the employment strategy (Trust/Directorate).
- Identify where the practitioner is likely to be sited and establish if office space is available.
- Identify where the practitioner might obtain information technology (IT) as appropriate, to include Internet and Intranet access, to enable them to keep abreast of up to date information, including the latest relevant research.
- Consider how the practitioner might be contacted within the establishment's mobile phone/bleeps network.
- Ensure that the job title reflects the nature of the role.

These fundamental matters are integral to the first day if not first week of employment. It will not be surprising if some of these issues require many requisitions, endless paperwork and a variety of signatures.

THE PRACTITIONER

The practitioner may wonder why they have been appointed to their position. Only the employer can answer this question, There is no doubt that an individual who exudes enthusiasm will maintain the ability to think swiftly and make correct decisions, and it is essential that they demonstrate the ability to handle any stressful situations and rise to the challenges found along the way.

Practitioners must be made aware of the considerable groundwork required, and that this has to be undertaken on their own initiative. This will entail researching various aspects surrounding the role together with setting realistic goals. A worthwhile tip is to look at what has already been implemented before attempting to reinvent the wheel.

It is recommended that the practitioner starts with a little self-examination, and takes a few minutes to analyse the following.



- Their own main strengths and weaknesses.
- Their overall ability, and capacity for making swift and judicious decisions when required.

Awareness in these areas will indicate the next steps to be taken, and where possible these should be discussed with the practitioner's supervisor as a part of self-assessment. The results of this exercise will lay the groundwork for the preparation of an individual development plan.

MULTI-TEAM SUPPORT

A collaborative form of approach of support, from a leading consultant surgeon, organisational managers, and the trust board is fundamental, to ensure that the role is developed to its full potential (Martin 2002).

It is also vital that the role is fully integrated, as this encourages cross-boundary multi-professional teamwork (Scholes and Vaughan 2002). This eliminates traditional boundaries, often regarded as the medial realm, allowing practitioners and doctors to work more closely. Organising meetings with others encourages a positive response and leads to a greater understanding of the additional support that may be required.

Such support includes secretarial and clerical support with access to referral letters and patient notes. Other areas such as ordering of diagnostic investigations plays a major part with the aspect of care and may entail the practitioner ordering pathological investigations and X-rays. It is essential that the practitioner's request is authorised. This will entail additional training and ratification at a local level.

Tips to consider are:

- do not appear over-confident or pretentious;
- remember to keep in touch with former colleagues;
- try not to work in isolation.

It is clear that the transition can present many potential pitfalls. The practitioner may initially encounter conflict and potential alienation from medical

and nursing colleagues. Often mixed emotions surrounding the change can result in the practitioner working in isolation. There will inevitably be highs and lows and there may often be a need for 'a shoulder to cry on'. The question may arise as to whose shoulder might that be.

The following account demonstrates this well:

'The changes began the day I commenced my new role, which can only be described as one of the loneliest times of my life. There was excitement, but apprehension of the unknown was extremely daunting. The early days were crammed with introductions, meetings, visits and presentations; I was a novice in my own field of expertise. The doctors were very unsure of my role and I began to lose my own self-belief. My nursing colleagues treated me differently; and I felt as though I was no longer 'one of them'. How I missed the coffee room gossip and banter!

One of my problems was the unavailability of office space, and especially the lack of access to a personal computer. But as the days went by I grew more and more composed, my skills steadily developed and I began to engage confidently in previously unknown activities. The learning curve was steep but I have thrived in my new role and despite the early difficulties I realise now that this was the best step that I have ever made!'

SELF-MANAGEMENT?

It is important to understand that the practitioner may or may not be individually managed by more than one line manager/consultant. Self-management can often present a problem. For example, the line manager may believe that the management responsibility lies with the medical team, particularly if the practitioner is rostered as part of the surgical team. This often leads to unnecessary frustration over who is responsible for monitoring sickness, absence, annual leave, time owing and any other professional issues. Generally these issues should fall under the responsibility of the nurse/line manager. As a member of the extended surgical team the practitioner will be appointed on a day to day basis working under the direction of the consultant surgeon. Each practitioner is answerable to the consultant surgeon over the clinical management of the patient, but overall is responsible for their own activities and the management of their career.

Working alone may result in increased volume of work and heavier demands. It is therefore advisable that the practitioner devises a 'to do' duty list, to organise the urgent, important and not so important issues for each day. Sometimes additional tasks, such as preparing annual reports may have to be undertaken outside normal work hours.

JOB DESCRIPTION AND JOB TITLE

A job description should be formulated outlining the primary purpose of the new post and its essential functions. The duties listed in the job description must make clear the full extent of the knowledge, skills, and abilities neces-